

Log of TEMSIS Elite Issues Identified During Piloting

This log is a living document that is being regularly updated with new issues or responses. Updates to the document will be posted weekly on the Bureau of EMS website under “Documents and Forms”, “Research and Quality Management” “Elite”.

Items listed with a * indicate something the state either still needs to investigate, or resolve

Items listed with a ^ indicate an issue that has been passed onto ImageTrend to fix.

Items listed with a ^R indicate something the state has fixed or provided clarification on.

GENERAL SYSTEM ISSUES / OTHER	1
GENERAL DOCUMENTATION QUESTIONS.....	4
INCIDENT LIST	6
DATASET / ELEMENTS / VALUES ISSUES AND REQUESTS	7
RUNFORM NARRATIVE ISSUES.....	10
RUNFORM VISIBILITY EVENT ISSUES	11
RUNFORM OTHER LAYOUT AND FUNCTION ISSUES	12
VALIDATIONS	19
PRINTING / PDF.....	22
EKG DOWNLOAD-ZOLL.....	24
EKG DOWNLOAD-PHYSIO.....	24
REPORT WRITER.....	25
INDEX	25

GENERAL SYSTEM ISSUES / OTHER

*2/29 CFD Narrow meds and procedures list visible:

Can you turn on an option to allow services to make Procedures ACTIVE or Inactive in the master list – this way we can filter out the stuff we don’t do – Same with IV Fluid Type given – should only be limited to IV fluids not all medications

- 2/29 We will be adjusting the meds and procedures by provider level in the state settings, but it is labor intensive and may take a little time. At the service level you can also do this to further filter out meds that you don’t use (e.g. Concord pharmacy doesn’t provide the meds). This can also be set by provider level, so non-medics will see an even smaller list. I just did a quick test to see if a service allowed more or less than the state, that the state settings won’t overwrite the service settings if we add them later. So if you want to have some of your guys program the meds and procedures by cert level, then anything we do at the state shouldn’t mess up whatever you do

^R2/29 State Passwords

For users who can log into old TEMSIS, but not new, those passwords are only the same once. Once we migrate the users again to update active users, it doesn’t pull over the TEMSIS password.

- To fix this currently, just do a “Reset Password” in Elite and set the password to the same as your TEMSIS password.

^R2/29 State Erroneous license expiration date and message showing on security statement page:

- 2/29 We are aware of this issue: ImageTrend is fixing this on their end, but has not provided a date. Account lockouts occur manually by the state, not automatically in TEMSIS right now. NOTE: With the approaching expiration period coming up for this year just make sure the message isn’t correct!

Log of TEMSIS Elite Issues Identified During Piloting

R3/1 DI Out of state hospitals added to facility list

- 3/7 List inserted. All values are defaulted to inactive and services can activate any that they use
-

R3/2 DL Incident Number and Response Number should be the same, but aren't:

Incident Number and Response Number to be the same but we keep getting different numbers for each. Since we only use the Incident Number, I have shut off the Response Number.

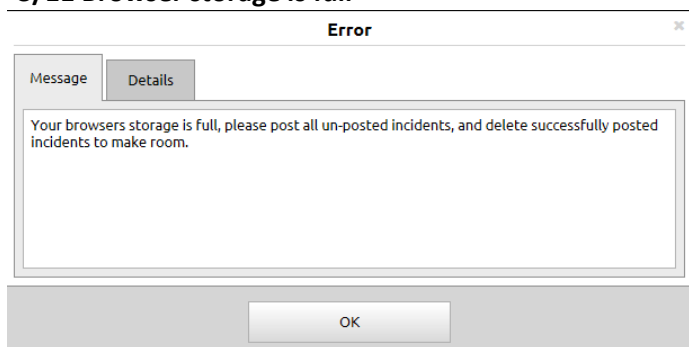
- 3/2 It's possible the "Copy Incident Number" button was not checked, or had been unchecked.
-

***3/2 MGr How do you de-authorize a device for Field**

How can this get de-authorized remotely and also why do devices to be reauthorized when they were already authorized.

- 3/18 "You can't" per ImageTrend. There may be a way to de-authorize a device in the database at ImageTrend, they will look into it.
 - 3/22 Update: ImageTrend can de-authorize a device through their data base, they just need the device name(s) that you assigned to the device(s) when you authorized them #200974. They have a future service admin interface to do this planned, ETA unknown.
-

R3/11 Browser storage is full

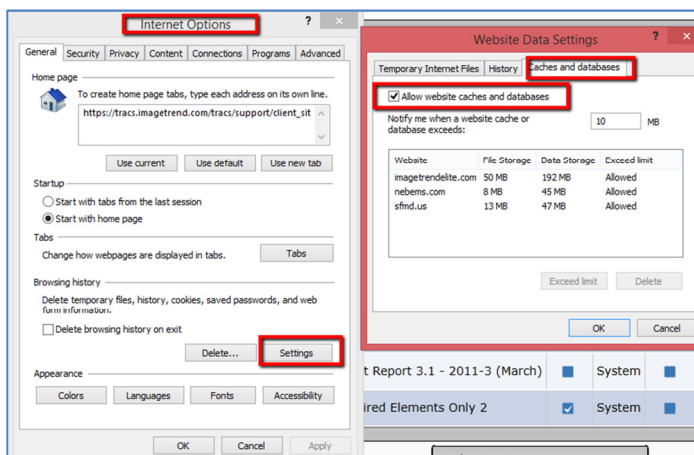


- 3/11 Go into their internet browser settings in IE 11 and increase the size of their database and cache: See Image Below. If they have the option to use Chrome (based on that screen shot), we'd strongly recommend using Chrome as the storage space available is based off the hard disk space (C drive) versus using local browser database storage. (So the best method from our perspective is to use Chrome).

They also would need to make sure all incidents are posted and that their settings for "delete posted incidents" are set to 1 day, so it clears that used space. Added to the Knowledge Base in FootPrints.

Log of TEMSIS Elite Issues Identified During Piloting

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^3/16 DL Tablet keyboard pops up and covers text fields

- [3/26 Sent to ImageTrend](#)

^3/11 MGr Data entered into fields in the User record is not being retained or is being overwritten.

We noticed that the when we enter the members level of certification in the appropriate drop down in the certifications tab are blank the next day.

- [3/17 State We were able to experience this as well with a record today. This will be going to ImageTrend to investigate.](#)

***3/14 MGr Form Requires date in every field –**

We understand that this actually works fine if you click in the "time" field first however in spite of our efforts to educate providers this continues to be among the top complaints that we hear.

3/21 MGr User Passwords not transferring from TEMSIS to Elite

One of our users, cannot log into TEMSIS Elite but is able to log into the old system. I know you were looking for someone examples of this issue so I wanted to pass this along.

We have refrained from resetting her password in Elite so you can troubleshoot. Please let me know when we can let her back into her account.

- [3/24 This is a known issue tied to the user migration from TEMSIS to Elite \(see issue #10\). ImageTrend has recently added the ability to choose if the password crosses over from TEMSIS if users were re-migrated. This should help resolve the issue, unless you have users that have changed their password in Elite so it does not match TEMSIS any longer.](#)

3/21 Mgr Report Lost / Odd Behavior

System Crash - Crash was about 4 am on Saturday. The menu bar on left of screen and patient name on bottom of screen were still there but everything else was just white screens. Tried opening a couple tabs and they were all white. (3/13/2016 at about 4 am)

***3/24 MFR Not seeing repeat patients in offline mode.**

- [3/24 Repeat patients were just uploaded on 3/21. Try resyncing in field \(settings>resync\) to see if they come in after that. Also make sure your service settings are set to get repeat patients in offline mode \(Service, Configuration, General, repeat patients\).](#)

Log of TEMSIS Elite Issues Identified During Piloting

***3/30 MFR** I noticed under Incident Address there is a blank space near “Zone/District” is there a way to make this live so we can add zones and districts to our response..?

GENERAL DOCUMENTATION QUESTIONS

^R2/29 CFD Mandatory Fields –Signs and Symptoms

Under Pt Signs and Symptoms – can we turn off mandatory reporting for “Signs of Suspected”

- 2/29 This is a national field and required for any patient contact. It is actually a required field in the current system too.
-

^R2/29 CFD Mandatory Reporting of “Barriers to Pt Evaluation”

Under Working Diagnosis – can we turn off mandatory reporting for “Barriers to Pt Evaluation”

- 2/29 This is also a national required field and is required in the current system. The difference is that this was defaulted in the current system to “None” but appears to only get updated on an irregular basis. I did put “None” at the top of the list to make it quick to enter this.
-

***3/2 DL Report access reasons not on yet:**

I have noticed that there is no apparent tracking of report access, isn't this a HIPAA requirement?

- 3/2 Yes, we have kept it off so far because the runform has had to be opened so many times for the runform setup and we didn't want to have to answer that 40 times a day while working on the layout, but we plan to turn this on shortly
-

^R3/3 DL Is there any way to create a new Permission Group for our Wheel Chair Drivers?

Two of the three are not EMTs and are in our system as Non-healthcare providers, which don't allow them to create reports. I have temporarily given them Service Provider access so that they can enter reports.

- 3/5 This was created so you can
-

^R3/8 Other Service Provider options for Meds and Procedures

When entering meds/procedures/etc. performed prior to our arrival, there is no way to select "Not Available" for the person performing the procedure, administering the med, for example, if Swanzeey rescue administers ASA to a chest pain pt. there is no way to note this as the only choices which show up are people on the DAS roster.

- 3/9 We added a generic “Other Service Provider” to the staff list for all services for this purpose. We also added Other Non-EMS Person, BLS Student, AEMT Student, Paramedic Student and Paramedic Intercept to that list for all services. Service leaders can inactivate any of those that you don't or wouldn't use.
-

^R3/8 Transfer Medications VS 911 Medications

Under medications there is no "Other" or "Not Available". We had a few transfers with propofol and antibiotics running but no way to add those meds to the medications section.

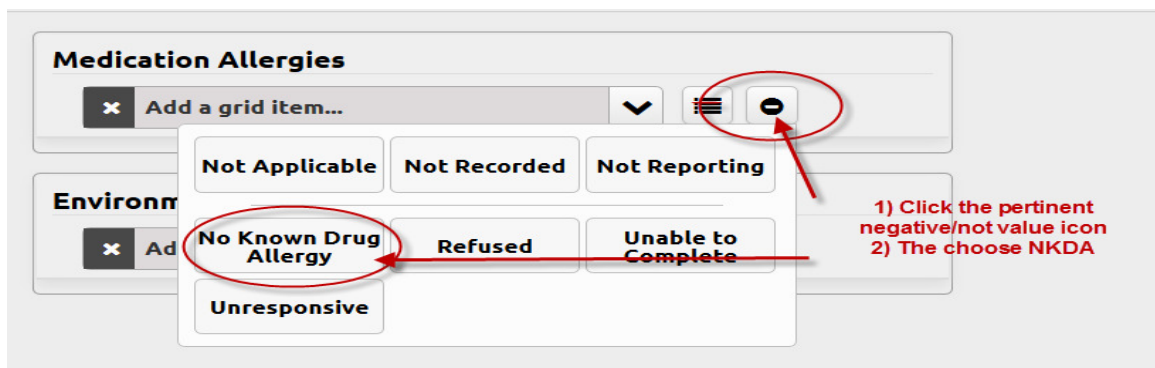
- 3/8 A much expanded list of ALS medications (about 160) will show if you are doing a PIFT transfer, including propofol and a long list of antibiotics. The visibility of PIFT medications are triggered when Type of Call, Dispatch Reason and Incident Disposition is set to Interfacility and PIFT.
-

^R3/8 Option for Patient denies for allergies

There is no option to enter "Pt Denies" for allergies.

Log of TEMSIS Elite Issues Identified During Piloting

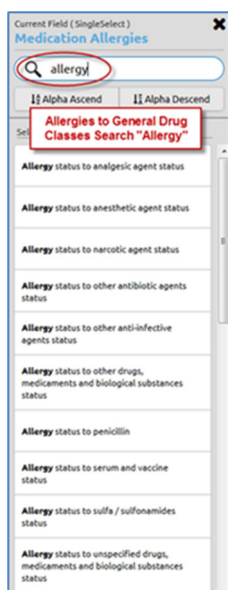
- It's under the "do not enter" icon. This icon is found throughout the runform and is used for applicable pertinent negatives or not values.



- 1 No Known Drug Allergy

R3/8 Sulfa Allergy is not in the allergy list.

- 3/11 Search SULFA for general sulfa allergy or ALLERGY for other available drug class allergies



***3/14 MGr Unable to enter patient address not in US, Mexico, or Canada**

- 3/29 NEMSIS stated to just use the address field to put the whole address in.

***3/14 MGr Symptom onset requires exact date and time which not always available or able to be estimated.** Would be good to have less specific options (i.e. yesterday, last night, this morning, etc.)

***3/14 MGr Ability to note medication list attached as photo**

For patient medications it would be good to have an option to note that a photo of the medication list is included as an attachment.

- 3/29 This can be placed in the notes/comment section of the medication administered.

Log of TEMSIS Elite Issues Identified During Piloting

R^3/14 MGr When adding a procedure, med or vital you cannot simultaneously see the timeline

When you go to add a procedure you cannot simultaneously see the "times" for the run which makes it hard to figure out when you did something. Would be nice if, like on the old system, you could see a version of the timeline when entering IVs, etc.

- 3/17 ImageTrend has an upgrade planned for this coming later this year some time. Our understanding is that it will integrate more heavily with the timeline, if not base out of the timeline for a less clunky display. We have no date for this upgrade.
- >>In the mean-time, I agree that having to flip back and forth between a vital, med, and procedure and the timeline is a real pain, as I have had to do this on a call with lots of the above. A potential work around for this- which is by no means ideal-would be to enter all of your meds/procedures/vitals, and start with the first of each using the at patient time. Then add 1 minute to each one as you work through that particular group. Then move to the timeline, where things will be in the order they occurred, and you can use the link arrow on the right to open each one and adjust the times to make them accurate. Not ideal for sure, but at least everything is lined up in order and will make fixing the times a little easier.

R^3/11 MFR Procedures PTA ="yes" requiring crew member entered

In the prior to arrival section of procedures and medications he says it required a MFR person after saving and selecting another procedure or medication. This also occurred on the desktop and ipad.

- 3/9 Added generic crew members to choose in this case. See # 39 for details

***3/30 MFR Patient Complaints: Can we add "none"?**

INCIDENT LIST

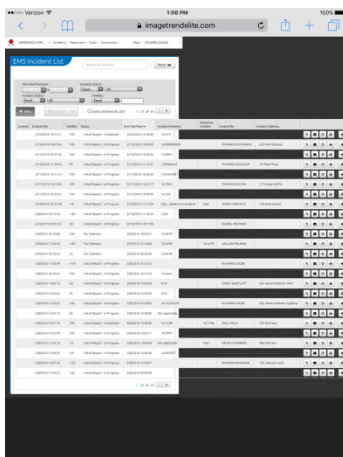
^3/1 State Incident list display error;

Some people are getting an error when trying to change columns in Incident list.

- 3/15 This issue resolved with todays update

***3/2 MGr Incident list running off screen on right on MAC, iPad and PC with FireFox.**

Resolution changes don't seem to help. Screenshot from iPad:



Log of TEMSIS Elite Issues Identified During Piloting

^R3/6 CFD and State Users getting error message when trying to add or change columns in incident list

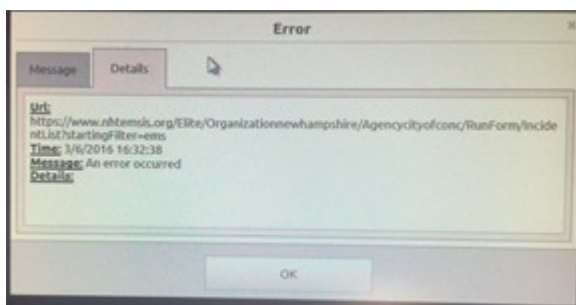
When some people try to change the columns shown in their incident list, they get an error message when trying to save the changes. This doesn't seem to affect everyone, but if it does, then it doesn't matter what device or internet browser you are using-it always happens.

- 3/15 Issue resolved with update
-

^R3/8 Errors under "More" on runform

I have 3 people (that I know of) who are getting the following error when they open the "More" dropdown from the EMS incident list –

They are able to see the filter options and move them around – when they click "OK" to save changes they get the following error



- 3/15 This issue was resolved with today's update.
-

***3/24 MFR Want ability to set incident list default sort by user preference and remember it**

Want to be able to sort by "Created On" because runs done on iPad and then times get entered after posting, but have to manually switch every time to created on to find run, since system defaults to incident date and does not remember the last used.

DATASET / ELEMENTS / VALUES ISSUES AND REQUESTS

^R2/29 CFD Pt History Tab: missing sign/symptom

Signs and Symptoms list - there is no selection for wound or laceration only - Misc.: Hemorrhage / Bleeding (Not Otherwise Listed)

- 3/1 Added "Misc: Wound or Laceration(s)"
-

[^]3/1 MFD Highest Level providers and equipment:

Missing Medic and BLS equipment.

- 3/1 This has been requested for some time and we are just waiting for ImageTrend to create the value to add to the runform.
-

^R3/1 DL Zofran is spelled "Zophran"

- 3/1 Spelling changed to "Zofran"
-

Log of TEMSIS Elite Issues Identified During Piloting

^R3/2 DL Under Dispatch Reason, syncope is spelled "syncopy".

- 3/2 Fixed Spelling
-

^R3/2 DL Barriers to Patient Evaluation and Care Values

On the Working Diagnosis Page, there needs to be "Altered Mental Status" listed under Barriers to Patient Evaluation and Care.

- 3/2 Yes, I could have used Dementia myself last night for a report in Elite...We had requested this a while ago from ImageTrend. Apparently they created them and forgot to mention it to us. I just turned on/added Altered Mental Status, Chemically Impaired, Dementia/Alzheimer's etc., Combative Patient and weather. Thanks for bringing this up as a reminder!
-

[^]3/8 EMD Determinate

Can we get a "Not Available" and a "Not Applicable" option for the EMD Determinant? Most of our calls are not EMD'd and therefore "Not Applicable" would be appropriate for the EMD Determinant. Many of our calls dispatched by Southwest Mutual Aid do not have EMD Determinant assigned to them, even though they should, in which case "Not Available" would be the appropriate choice.

- 3/8 We have had a request in for "Not Available" for a while for just the reason you described. Still waiting for it.
-

^R3/8 Suggested ECG Rhythm

IVR not listed as a choice for ECG rhythm.

- 3/17 this is listed as Agonal/Idioventricular, the term Agonal has taken over the more historical term of IVR
-

^R3/8 BVM delivery

No BVM for O2 delivery route on medications tab.

- 3/29 Added BVM to list.
-

^R3/8 Spelling wrong

Osteoarthritis is wrongly spelled as "Osteoarthritis".

- 3/8 Fixed
-

^R3/8 Nitroglycerin administration route defaults to PO instead of SL.

- 3/10 Fixed
-

^R3/10 CFD Would like to have an AMA worksheet built much like the AMA sheet is in the old system.

- 3/15/16. Once those elements are out we can build them into the ePCR.
 - 3/30 Added to runform V16.03.02
-

^R3/15 McG Missing Items in Drop Down Menus.

- "Altered mental status/dementia" in barriers to patient care – There is Altered Level of Conc. & Dementia(Alzheimer's, etc.) to choose from.
 - "MVA - No injuries" in mechanism – "Injured" was removed from Mechanism of Injuries descriptions.
-

Log of TEMSIS Elite Issues Identified During Piloting

- Patient complaints - No Complaint from patient – Quoting the patient in the chief complaint such as, “I’m fine” or “no complaint”.
-

^R3/16 DL NH Hospital Missing from the facilities list

- 3/16 This apparently dropped off the list when uploaded because of code conflicts, as well as 5 other facilities. The missing facilities were all added to Elite.
-

^R3/16 DL Some of the custom dispatch reasons from old system missing

Some of the custom dispatch reasons, such as “altered mental status” are missing from the new system.

- 3/16 The current displayed dispatch reasons cover the EMD reasons with a couple of national exceptions such as medical aid alarm and transfer. There are many common dispatch reasons that fall under the umbrella of “sick person” with EMD, but are not actually dispatched out as that, so is confusing to providers. We will evaluate adding in some of the old reasons.
-

*3/16 State Town of Mont Vernon seems to be missing from Elite Viewer town permission list

^R3/14 MGr Missing Options in Dropdown Menus:

We have had some comments on options that appear to be missing from the various drop down menus:

- "Altered mental status/dementia" in barriers to patient care
 - "Other" in diagnosis
 - Soft-tissue injury as symptom
 - Primary symptom - Alcohol abuse and effects
 - Patient complaints - No Complaint from patient
 - 3/1 Quoting the patient in the chief complaint such as, “I’m fine” or no complaint is appropriate here and considered proper documentation in general.
 - There is “Altered Level of Conc. & Dementia(Alzheimer’s, etc.) to choose from.
 - The word “Injured” was removed from MVC Mechanism of Injuries descriptions to make these more accurate, regardless of whether there was an injury.
-

*3/21 Mgr Missing Options for values

- Missing "upper arm" and "lower arm" from exam
 - 4/6 There was no option for just ‘Arm’ in the NEMSIS list, so we relabeled upper arm to just arm and took forearm off the list just to make it shorter. If you have a whole arm problem, then you need to enter upper and lower arm separately with the findings for each one. If crews feel it is more important to be accurate about an exam finding for upper and lower arm, we can switch to that, but will need to enter a finding for the whole arm under each of the locations of upper/lower/elbow/ wrist/hand.
 - Missing gauge for IV access procedure (if you do not use the Powertool and enter directly under procedures.)
 - 3/29 Added to procedures in runform, V16.03.02
 - **Primary** Signs & Symptoms - There really needs to be an option to enter "Not Known" for the onset time. As an alternative, does it make sense to tell people to enter something consistent if they do not know (e.g. 1/1/1990)?
-

Log of TEMSIS Elite Issues Identified During Piloting

3/31 MFD EMD Determinant –looking for Not Available

^R3/31 MFD Specialty Team Activation: Is there a sepsis alert?

- 4/6 Yes, added an alert for SEPSIS
-

*4/6 Hnkr Missing impressions for hematuria and other urinary issues

- 4/6 added additional GU impressions and relabeled some to make easier to search or decide to use.
-

4/6 Mgr Patient positions, can we change the values so that semi-fowlers is noted as 30 degree elevation, fowlers is noted as 45 degrees, and add high fowlers noted as being upright? It might be easier to change the entries to head elevated 30 degrees, head elevated 45 degrees, and add upright (that is not an option now, I have to use other).

4/6 Mgr When I put in the zip code for Durham, 03824, when entering a patient address I get an option to choose Durham or Lee. Except the zip code for Lee has been 03861 since 2007.

RUNFORM NARRATIVE ISSUES

^R3/8 MFR Narrative and Transport information disappears when “adding a patient”

When trying to add a second patient to incident 16-523. He completed the report with a 100% validation hit save and closed out the report. The incident list showed a 70% validation at that point. When he went back in to see why, he found that the narrative and all transport information, and signatures were gone. He re-did the transport section, saved it and closed it. Went out and back in and the transport information was gone again. Now he is receiving errors stating "incident data cannot be saved".

- 3/23 Issues was related to a system defect tied to the transfer of care field that affected the add patient field in this case. The issue was that the service transferred to name was longer than 50 characters. The short term solution was to shorten the service name for any of these services. ImageTrend has a development task to resolve the underlying issue [#199737].
-

*3/24 MFR iPad does not allow you to click into middle of Narrative to edit

Either need to back space from the end to the error, or delete the whole narrative and start over.

*^3/11 MFR Losing Narrative on iPad

MFR When starting his narrative on the iPad (Incident # 16-0539) the fields above were deleted and went from blue to red. The narrative was completed 3 times and was deleted after saving twice. Once from the desktop. Marsella was also unable to view this report...he is listed as an administrator so that isn't the issue. On the desktop the times are missing, but when printed they are on the sheet, unsure if they were deleted after printing the report.

- 4/7 Multiple reports for this, being investigated by ImageTrend [#201292]
-

*^3/8 MFR Auto-saving does not seem to be working on iPads

Incident 16-522 WP entered the patients medications 3 times (there were 13 of them) on the iPad only to have them disappear when he moved on to the next tab. It appears that if you don't press "save" on each medication they do not auto save???

Log of TEMSIS Elite Issues Identified During Piloting

Incident 16-523 JP entered a narrative in Elite on the I-pad and then noticed he had made a mistake in the middle of the narrative. When he went to highlight or move the cursor to the middle of the narrative he could not. The only way to fix the narrative was to delete all of the narrative back to the error.

There is no Auto Save. It appears you have to keep pressing "save" before moving to each tab.

- 4/7 Multiple reports for this, being investigated by ImageTrend [#201292]
-

RUNFORM VISIBILITY EVENT ISSUES

^R3/2 DL Need visibility events added for transfers.

Pages which are not pertinent to transfers still show up, mainly the Scene page under the Scene/Situation Tab, which asks about other EMS units on scene.

- 3/2 Looks like we need to do more work on visibility/hide events for transfers. We will work on this. We may need to get more examples from you once we get some in place if we miss any.
 - 3/30 added visibility event for scene panel for transfers
-

^R3/14 MGr APGAR score shows as an option in vital signs even for adult patients.

- 3/29 Working with ImageTrend for a work around.
 - 4/7 fixed in V16.04.01
-

^R4/6 CFD Need CMS Service level exposed for ALS Intercepts to help with Billing

- 4/7 changed visibility to show Billing panel for Intercepts V16.04.01
-

^R4/2 Hide Transport for refusals with no Transport

- 4/7 fixed V16.04.01
-

^R4/2 Hide Controlled substances panel for no treatment dispositions

- 4/7 Fixed V16.04.01
-

3/39 State Stroke "Last Known Well" field stays on after being entered and then cleared

If a last know well time is entered and then subsequently cleared and the diagnosis fields are no longer set to Stroke or TIA, the LKW field continues to be visible.

- 4/7 ImageTrend states this is a defect and they will be fixing it. [202372]
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Log of TEMSIS Elite Issues Identified During Piloting

RUNFORM OTHER LAYOUT AND FUNCTION ISSUES

^R2/29 CFD Procedures on the Left Menu

Open Procedure drop down list (approx. 100 options to pick from) – Select Vascular: IV Extremity Vein Cauterization

- Now select- Procedure Crew Member - (Any Provider is causing the problem)
- Procedure is Deleted and Box becomes red again and new drop down list on has 15 options
- If the Procedure Crew Member is selected first then they only see the 15 Options for procedures and the rest are hidden.
- 2/29 Fixed this-related to meds and procedures by cert level. Yeah, that was weird! Also see 2B below.

^R2/29 Under IV-IO powertool

All options except IV / IO items need to be removed (EKG, Hypothermia, Airway suctioned, etc.)

- 2/29 Related to Hardcoded favorites: In Power tools that have a procedure or medication and show lots of weird stuff in no order. ImageTrend hardcoded “favorites” into the list-you will notice that the “favorites” is lite up in blue. These are the hardcoded values ImageTrend added for now (meaning there is no way to change them). They are adding in a way for services to choose their own favorites to solve this problem, but we don’t know if that will be any time before June. To make this less confusing, you can click on the letters that correspond with the med or procedure you want to just see those, hit the “#” button and it will clear everything but what is chosen. You can then use the search box to find what you want.

*2/29 CFD Protocols Used

Can we make the ADULT, GENERAL, or PEDI a filter that then opens a List of the appropriate Protocols under them in multiple list formats? Example – I select General for age category, then open a multi select drop down and pick Routine Patient Care, allergic Reactions, & whatever other protocols I worked off of.

- 2/29 We can do this with visibility events. To speed up our ability to do this, is there any chance some of your guys could create a list of the protocols in each category? If we can just take the lists, we can do this in about 30 minutes. If we need to work out the list, it might take us a couple of weeks to complete until we can get enough time to make the list to work from.

[^]2/29 State Power tools stuff in no order.

ImageTrend hardcoded “favorites” into the list-you will notice that the “favorites” is lite up in blue. These are the hardcoded values ImageTrend added for now (meaning there is no way to change them).

- 2/29 They are adding in a way for services to choose their own favorites to solve this problem, but we don’t know if that will be any time before June. To make this less confusing, you can click on the letters that correspond with the med or procedure you want to just see those, hit the “#” button and it will clear everything but what is chosen. You can then use the search box to find what you want.

^R3/1 MFD Alcohol and Drugs Use Indicators:

None Reported and refused are confusing.

- 3/1 Changed PN labels from “None Reported” to “None Apparent” and “Refused” to “Patient Denies”
- 3/30 Changed “None Apparent” to “None Apparent or Patient Denies” and “Patient Denies” to “Refused to Respond” to meet new definitional clarifications from National group.

Log of TEMSIS Elite Issues Identified During Piloting

^3/2 DL Procedures showing in Airway that aren't airway procedures:

For most of our reports, procedures are also showing up on the Invasive Airway page under Airway Procedures. Providers claim they never clicked on the Airway power tool or Airway Procedures page.

- 3/2 Yes, Any procedure entered anywhere on the form will also show up in any other procedure grid on the runform right now. The runform just sees them all as procedures and doesn't know the difference, even if a procedure in a specialty area may be labeled "airway procedure". To resolve this, we will be removing the airway procedure from the airway confirmation panel and just keeping the airway procedure in the procedures panel. The 'Invasive Airway' panel will then be relabeled just "Airway Confirmation" and validations will direct crews there to complete this section. Additionally, we are working on trying to hide the Airway Confirmation panel if there isn't an airway procedure, but so far we have had trouble getting that to work correctly

^3/2 DL Categories on longer lists confusing:

On the Pt Signs and Symptoms page under the History Tab, the location of some of the options for the Primary Observed Sign or Reported Symptom is confusing. For example, Pain Chest Wall (Non-Cardiac) is listed under the Circulatory System, instead of Pain where the other Chest Pain options are. Also, there are two options for Circulatory: "Circulatory" and "Circulatory System".

- 3/2 The confusion here is that these fields are actually categories that ImageTrend has built that are currently hardcoded (meaning we don't have a way to change them). We agree that they don't make a lot of sense. Supposedly there will be a tool coming that will allow us to build our own categories, but we are not sure when that will be available. Furthermore, when we had ImageTrend upload our lists for working diagnosis and symptoms etc. we don't know where/if all the choices actually went in the categories-some things may not have ended up anywhere, some may have ended up in completely the wrong place. Until we get a way to build the categories in a sensible manner, crews will need to just use the sort a-z or z-a options or search instead. We advise not using the categories at all-even though the menu defaults to that in the touch friendly list.

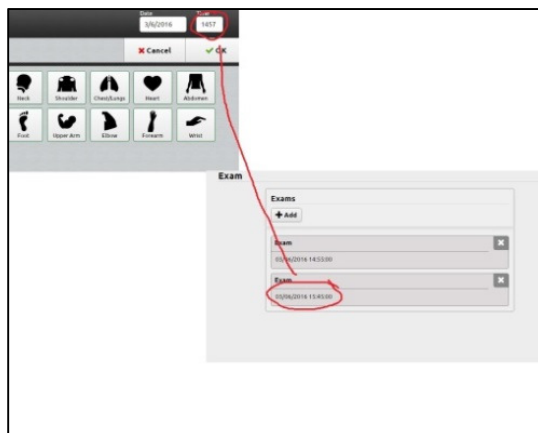
^3/2 State Can't delete procedures and meds created in power tools in the runform.

When you create a procedure or med in the power tool, it doesn't let you delete it in the runform. A message directs you back to the power tool to delete it. This is a particular problem with the IV when you start an IV with just a saline lock and don't enter any fluids because it's basically silly to enter fluids for a 5ml flush. The only way to delete that "med" that the fluid creates is by deleting the whole power tool entry-which then deletes the IV procedure.

- 3/2 We have submitted this issue to Image Trend as a defect. Clearly they planned for this to work this way because they built a popup message directing you back to the power tool. We have pointed out the problems with this. In the meantime, we have taken the fluids off the IV to solve this issue, since the majority of IVs these days are just Saline Locks. Any fluids administered can either be entered using the meds power tool or from in the runform itself.
- 3/10 ImageTrend Ticket #198840-heading to development to fix defect. Resolution date unknown

***3/6 CFD Times on assessment power tool don't match time in runform exam display:**

When you change the time and tab onto the next field the time reverts back to the time the power tool was opened, yet if you go back and change it again it takes it. Also, the time entered in the power tool does not carry over to the exam tab. See attached screen shot.



Log of TEMSIS Elite Issues Identified During Piloting

^3/8 Point of Care lab tests

When a value is entered, for example, a blood sugar, you can't see the value in the report without opening the test itself. All it shows in the report is "no".

- 3/30 Inactivated the Point of Care panel until two other elements are available to make this work better
 - 4/7 Reactivated Point of Care panel per request from Mgr, "No" refers to the PTA questions. Waiting on grid display adjustment tool from Imagetrend. Availability date is unknown. No way to adjust the display until then.
-

^3/8 Provider signature tab

Why is the Provider Signature on the Narrative Tab instead of the Signature Tab? This is confusing almost everybody.

- 3/8 Providers can sign on the signature tab (all signatures can be entered there). We added a provider signature on the narrative tab for two reasons: 1) it has a default value and less to fill out than the full signatures, so is quicker to enter and 2) some services (first responders for example) only do a provider signature, so they are more likely to enter it if it is right below the narrative. That being said, because the control for the signatures in both places is the same, any signature entered in one area will show in the other. Basically the provider signature was added to just make it easier for the provider to enter their own signature. I've used that one for my
-

^3/8 Vital Signs-viewing times of previous for reference

When adding vital signs you cannot view times for a reference.

- 3/8 Not the way we did before (for the moment, improvement coming down the road), but you can do it in the timeline and filter for just vitals. I had a call the other night with a bunch of procedures, meds and vitals and I used the timeline. Once you have stuff entered, you can go into the timeline and correct/line up times better from the timeline (arrow on the right opens what you are looking at)
-

^3/8 Controlled Substances Tab

On Controlled Substances Tab you cannot enter mg, mcg, etc. to the amount given/wasted/etc.

- 4/7 Added to V16.04.01
-

^3/8 IV Procedure

No place to select catheter size for IV under Procedures.

- 3/29 Added this to Version On Controlled Substances
-

^3/8 Timeline does not show specific procedure name

When looking at ECG tab or timeline it does not show the specific procedure that was done (12 lead, 4 lead, defib.) without clicking on each procedure. It makes it more difficult to verify correct documentation of timeline. Screen shot attached.

- 3/11 Known issue. ImageTrend has hinted toward making the grids into a time line which will clean up the way these look.
-

Log of TEMSIS Elite Issues Identified During Piloting

^R3/10 CFD Would like to have an AMA worksheet built much like the AMA sheet is in the old system.

- 3/15/16. Once those elements are out we can build them into the ePCR.
 - 3/30 Added to EMSIR V16.03.02
-

^R3/16 State Provider role needs to be added to Med and Procedure Dynamic Power Tools

Because these are not in the DPTs, then provider needs to go back and open the meds and procedures in the runform and add this.

- 3/30 These were added to the DPTs
-

^R3/14 MGr Agency Operation Areas missing from runform

They are using this to track response types for town reports and billing.

- 3/30 Added to the runform and New Printout
-

^R3/14 MGr Service defined questions missing

- 3/30 Added to V16.03.02
-

***3/14 MGr Temp auto-converts to C, can't see F when you're typing.**

- 3/29 Was not able to duplicate this issue. Need more information
-

[^]3/14 MGr Unable to copy patients address to guardian/NOK address.

- 3/29 This is a known issue and we are working with ImageTrend for a work around.
 - 4/1 Still waiting for ImageTrend to explain how this feature works, as they tied it to different address fields
-

^R3/14 MGr "Date/Time Procedure Performed" when entering a procedure - can populate time from "On Scene" or "Patient Arrival" but not leave scene.

Seems like it would be helpful to pull in the "Leave Scene" time since we frequently start taking vitals, etc. shortly after signing en route to the hospital.

- 3/17 The time options for "On Scene", "At Patient", "At Destination" in the time tool are hardcoded and unlikely to change, although I would suggest you could add this to Elite Userveice (under community tab) as a future option, as we see the merit in having it.
 - We suggest two possible work flows to work around this:
 - Note the amount of time between arrived at patient time and enroute time, and choose the at patient time as a base, then use the +1 or +5 buttons to get to the enroute time quickly.
 - The other option is to click the power tool at the time you do a vital, procedure or med and hit the "now" button, you get the actual time. Even if you don't have time to fully fill out these items, it will give you the timeline and you can fill it in later.
-

Log of TEMSIS Elite Issues Identified During Piloting

3/14 MGr "Role/Type of Person Performing the Procedure" does not auto-populate based on person.

- 3/17 This is a known problem. ImageTrend has this on their fix list. The availability date for this fix is unknown.

3/14 MGr Loaded miles Entry and Display issue

(As displayed in the text at the bottom of this window) comes up as 0 even when a numerical value has been entered into the system. See screen shot below.

- 3/29 Could not duplicate this problem on a desktop computer. Will have to investigate further.
- 3/30 fixed this by changing the defaults for beginning and ending from "0" to blank.

3/14 MGr Vitals Powertool Crew Members / Date & Time displays twice

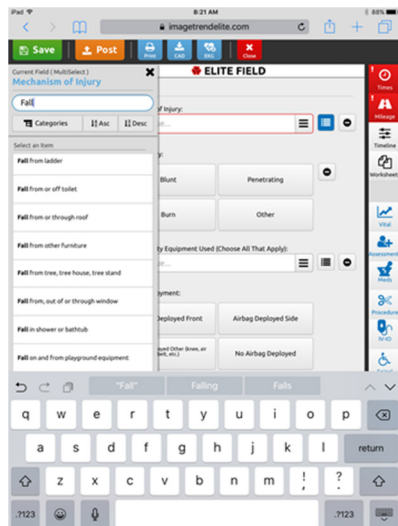
Seems to display two spots for Crew Members / Date & Time when used on the iPad (see screenshot below.) This is confusing.

- 3/18 Fixed

Log of TEMSIS Elite Issues Identified During Piloting

^3/14 MGr Keyboard on iPad covers some of the touch-friendly when searching a multi-select list

Keyboard on iPad covers some of the options on the multi-select tool. What you cannot tell from the screenshot below is that you cannot actually scroll down to look at the items hidden by the keyboard. of the options on the multi-select tool. What you cannot tell from the screenshot below is that you cannot actually scroll down to look at the items hidden by the keyboard.



R3/8 MFR Viewable Procedures changing based on provider assigned

See issue #1 for same issue. 16-522 WP is attempting to add a procedure that CB performed. If he does not fill in CB's name and just drops down the procedure (Soft tissue wound care) it shows as an option to enter. As soon as he puts CB's name in as the person performing the procedure, soft tissue wound care disappears and only approximately 10 options are available, none of which were performed nor could be performed. In addition, if he puts anyone else's name in as the provider, all procedures are available.

- 3/29 Could not duplicate this in the run form 16-0522 on a desktop. Will have to investigate further.
- 3/29 Resolved issue by clearing all procedures by provider level

^3/24 MFR Signatures-severe lag time to display e-signature after has it been signed

When signing on an iPad, there is a lag time between when the person starts to sign, and when the signature actually displays. This is worse when the resolution has been zoomed in.

- 3/24 asked MFR to connect directly to ImageTrend because there are too many issues with iPads and they will need to probably do screen shares or ask specific setting questions that would be more efficiently answered directly by MFR with their devices in hand.

^3/24 MFR Patient encounter timeline only works in offline field for iPad

3/24 MFR When trying to use the patient encounter timeline on an iPad, it only works if you are in offline mode.

- 3/24 asked MFR to connect directly to ImageTrend because there are too many issues with iPads and they will need to probably do screen shares or ask specific setting questions that would be more efficiently answered directly by MFR with their devices in hand.

Log of TEMSIS Elite Issues Identified During Piloting

^3/24 MFR Not seeing repeat patients in offline mode.

- 3/24 Repeat patients were just uploaded on 3/21. Try resyncing in field (settings>resync) to see if they come in after that. Also make sure your service settings are set to get repeat patients in offline mode (Service, Configuration, General, repeat patients).
 - 3/24 asked MFR to connect directly to ImageTrend because there are too many issues with iPads and they will need to probably do screen shares or ask specific setting questions that would be more efficiently answered directly by MFR with their devices in hand.
-

R3/31 MFR Length based tape defaults to n/a even for an infant

- 3/31 Default removed
-

R3/31 MFR If we decide to create our own in house worksheets for CVA, Stroke, etc. Would this be an issue..?

- 4/7 No, services can add any worksheets they wish to add.
-

^4/6 Mgr Is there anyway to import the patient address into the guardian/emergency contact sheet?

- 4/6 ImageTrend built a tool sort of like this but tied it to custom addresses for some reason. Waiting for a response from them about whether using the custom fields will cause issues with printing, imports and exports.
-

4/6 Mgr Can names for caregiver signatures be brought in from the crew list?

If I type my full name into the Name field on the iPad and then post the PCR the entire name that I put in was put in the Last Name field.

- 4/7 Added to runform V16.04.01
-

4/6 Mgr Vital Signs enter manually (not with the PowerTool) do not give anyplace to enter a glucose measurement since the Point of Care testing went away. It shows as a validation error but when you click the error to go to where there you get a message that says something to the effect that the field does not exist on this form.

- 4/7 fixed in V16.04.01 runform version
-

4/6 Mgr No place to put a blood lactate anymore.

- 4/7 fixed in V16.04.01 runform version
-

Log of TEMSIS Elite Issues Identified During Piloting

4/6 Mgr Is it possible for vitals, procedures, ECGs to show the date and time they were taken somewhere? While trying to clear validation errors it becomes difficult to figure out which vitals are which/ECG/Procedures are which since they all appear exactly the same.

4/6 Mgr When looking at manually entered ECG Interpretations and date and time can the interpretation show in the ECG panel instead of BP (empty field) and Pulse? ECG imports show the time they were acquired and no vital sign data.

4/6 Mgr Procedures do not show a date or time in the panel either. This would be helpful.

4/6 HNKR Scrolling of larger drop-down lists skips the middle of the list making it hard or impossible to choose those values.

- 4/6 Entered to ImageTrend as defect [203125]
-

4/2 CFD Blood sugar missing from vitals but not DPT causing validation issue

- 4/3 Blood sugar added to runform vitals resolving issue
-

4/12 CFD Users getting message that they can't repost runs after update from field

-
-

VALIDATIONS

*2/29 CFD Validation error with Pt Refused Eval and Care

If Patient Disposition is any type of Refusal and the crew enters a Patient Contact time in the Response Times a number of validation errors will remain { See attached image of validation errors} if you delete the patient contact time the validation errors go away. – Even on Refusals there is a Patient contact time.

- Pending Fix
-

^R3/1 State Validation for airway complications:

Triggers when “Not Applicable (i.e. there were no complications)” is chosen.

- 3/1 This validation error was fixed
-

^R3/2 MGr Cancelled calls still want many cardiac arrest values.

- 3/3 These validations were fixed.
-

^R3/2 MGr No Validation triggering for crew if blank.

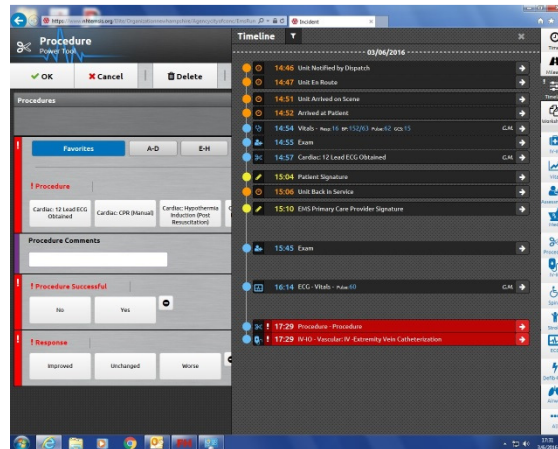
- 3/3 These validations were fixed.
-

*3/6 CFD Validations changing when report opened, procedures added somehow.

One of the Officers doing Q/A sent me this request - Chief, I am attaching a screen shot of my last Temsis QA of XXXs report. Validation was 100% when I started. It dropped to 64% and highlighted the IV section and another while I was going

Log of TEMSIS Elite Issues Identified During Piloting

down the sidebar checking the report. This is the second time it happened in the last 2 weeks- just trying to find out if it's something I am doing or an error in the program. Looks like at the exact time the Company officer doing the QA opens the report for QA it creates two events (17:29) See attached



- 3/7 Researching this...
-

^R3/8 Times are being flagged as out of sequence on cancelled calls.

- 3/8 Fixed.
-

^R3/8 Intercepts and Validity

For our Intercepts, when we select "(ALS Intercept) Pt Eval & Tx in Other EMS Unit" as the Incident/Patient Disposition, there is nowhere in the report to select that other EMS unit, and the Transport Tab get flagged for not entering the Agency transferred to.

- 4/12 Fixed
-

^R3/29 State Validation needed for Work Related Injury or Illness

- 4/5 added validation
 - 4/6 Adjusted validation, reported to not accept legit values
-

^R3/29 HNKR Validations for Cardiac arrest fields need fixing

If "no Resuscitation" is chosen, other field validations are still triggering.

- 4/6 Fixed validations for Who provided CPR PTA,
-

^R 3/29 HNKR Validation for incident town needed

- 4/6 Fixed
-

^R3/29 HNKR Validation for meds/vitals/procedures times needed

- Fixed
-

Log of TEMSIS Elite Issues Identified During Piloting

*3/29 State Validations for Delays

- 4/7 evaluating this for possible use for some scene or response times to help explain extended times
-

^R3/14 MGr Patient Refusal of Transport still asks for all transport information but does not flag as missing.

- 3/29/16 Fixed rules 146, 147 & 148.
-

^R3/30 MFR Under scene situation->Patient Disposition-> When you click ALS by this unit, Cardiac arrest turns red but when you click BLS by this unit, Cardiac arrest and "is this injury work related?" turn red.

- 4/7 These were fixed
-

^R3/31 MFR Can we flag "Guardian" for a minor?

- 4/7 Added
-

*3/31 MFR When giving narcs can we flag the controlled substance tab?

- 4/7 need to look at this more. This is a hard one to apply across the state as not all units use the controlled substances yet.
-

^R3/29 HNK R Hypothermia for arrest is still triggering

- 4/7 this only triggers for Henniker, was already shut off for State
-

^R3/29 HNK R Transport panel doesn't flag until time for transport is entered. This need to flag earlier as times are often entered last and then a bunch of validations then trigger.

- 4/7 transport panel triggers set to flag earlier
-

^R3/29 HNK R Delays flagging only if transporting is "None"

- 4/7 all delay validations fixed
-

^R3/29 HNK R Crew being blank is not triggering for cancelled calls

- 3/29 Crew validations were fixed early this month
-

^R3/29 HNK R Incident State needs validation

- 4/7 added
-

^R3/29 HNK R Agency transferred to is flagging for Intercepts

- 4/7 fixed
-

Log of TEMSIS Elite Issues Identified During Piloting

^R3/29 HNKR Patient medications flagging if “None Reported” is chosen.

- [3/29 Previously fixed](#)
-

PRINTING / PDF

***[^]3/7 WDH PCR Printout not showing names in header on all pages**

WDH reported that the faxed PCRs they are getting aren't showing a pt name on every page in the header or footer.

- [3/8/16 ticket #199669 created with Imagetrend to have header and footer display on all pages. Also discovered that this only occurs if you use the PDF button to printing. If you use the “Print” Button, then the headers and footer show on every page. However other extra stuff \(URL and a weird incident # that has nothing to do with the runform\) also shows on each page. Will be submitting separate tickets to ImageTrend for these issues. Insured that Pt name and DOB show in the header for identification.](#)
 - [See resolution on issue #44](#)
-

^R3/6 CFD The CMS service level does not show on any printed report.

- [3/8 Added to default PCR and Comprehensive Report. - Jack](#)
-

^R3/6 CFD The manual EKG interpretation entries do not show on any printed report.

- [3/8 Added to report](#)
-

[^]3/8 Incident number displayed on the report as the patient name

It would be very helpful if the Incident Number was constantly displayed on the report as the Patient name is.

- [3/8 Sent to ImageTrend to fix PDF display of header and footer on every page](#)
 - [3/17 If you use the “PDF” button and print, then the header \(pt Name\) only prints on the first page and footer \(incident number\) only prints on the last page. If you use the “PRINT” button in the runform, then the header and footer print on each page. There are other weird header and footer things that also print that ImageTrend needs to take off.](#)
-

^R3/8 Race

There is no place in the report to enter patient race, but when the report is printed out it says "Not Recorded" next to patient race.

- [3/8 removed from PDF](#)
-

^R3/8 CMS Service Level missing on PDF

The CMS service level does not show up on any report “pre-hospital, Comprehensive, etc..”

- [3/8 Added to PDF](#)
-

Log of TEMSIS Elite Issues Identified During Piloting

^R3/8 Manual EKG interpretation entries do not show on runform PDF

The manual EKG interpretation entries (either from the power tool or the ECG tab) do not show up anywhere on the PDF printed reports.

- [3/8 Added to PDF](#)
-

[^]3/8 It appears that the PDF cuts off the narrative after certain amount of characters.

- [Sent to ImageTrend](#)
-

3/24 State Known or ongoing PDF printout issues

- Header and footer only print on each page if you use the “print” feature, not the PDF button.
- Issue #66 PDF cuts off narrative after certain number of characters.
- Justification control in header centers display if more than one column is used
- Missing values:
 - EMS + Hospital Staff
 - Alcohol Use
 - Airway procedures
 - Protocols used
 - Med Comments
- Spacing is significant issue-sections won’t page break and lots of space is wasted in printouts.
- Text needs more space in columns, it wraps too soon.
- Weird document “title” shows in print tab and on top of page that is titled “Incident XXXX”. This number has no relation to the incident number.
- To hide the titles and URLs in the print printout, you can shut this off in the print settings of the browser.

***3/16 State Vitals Comments missing from Print Manager**

When working through updating the print report, I noticed that vitals comments are not in the PDF. This may include meds and procedures.

***4/12 Patient’s temperature prints in Celsius and does not round up.**

***4/13 MFR Service Admin gets message that he can’t do a bulk revalidation**

Trying to revalidate calls after validation updates and gets system message saying he can’t do this.

Log of TEMSIS Elite Issues Identified During Piloting

EKG DOWNLOAD-ZOLL

*3/14 MGr Zoll EKG Import Issues

- EKG Import - Entry of ECG procedure results does not show interpretation, shows pulse instead (high priority issue for McGregor)
- EKG Import - Even if imported ECG removed it still shows up on printed run form (high priority issue for McGregor)
- In printed version, section with ECG is labeled as "Vitals"
- On printed run form EKG interpretations do not have any times associated with them

EKG DOWNLOAD-PHYSIO

*2/29 CFD (Physio) EKG Import Date and time stamp

I had a case tonight that I was helping with- After the EKG transfer the time stamp was incorrect (as we know) I created a test incident and imported a EKG from the list with a 2/24/16 07:30 Date – it was the correct information for the 2/27/16 16:00 incident. When I went back to the original incident and imported the 2/24/16 EKG file that I had just checked in the test file, it imported an entirely different EKG and V/S.

- [3/1 Is this the same as the wrong date issue we already sent to Image Trend? Or is it a different variation-I can't quite tell from your description. Either way, I think I should connect you to them directly, as they will ask for screenshots and copies of the PCO file etc. that only you can give them.](#)

*3/6 CFD Physio EKG import not pulling everything in consistently and causing freezes:

When importing EKG by clicking "import selected" I get an error message most of the time and the vital/ekg doesn't import. Today it worked on the third attempt, last shift I tried to download a cardiac arrest and it was never successful, I ended up manually attaching the PCO though. This is from one of my medics – I witnessed him attempt to import EKG's. it appears the file moves over fine from the LP15 via the transfer wizard Bluetooth – once he opens the EKG tab and selects the case he wants (still wrong date and time) the screen starts flashing on and off numerous times and freezes until you do a hard reset, on his last call it took 3 attempts for the data to import correctly.

- [3/7 Researching this...and adding it to the ImageTrend list of physio issues](#)

*3/8 When importing EKG by clicking "import selected" I get an error message most of the time and the vital/ekg doesn't import.

Today it worked on the third attempt, last shift I tried to download a cardiac arrest and it was never successful, I ended up manually attaching the PCO though. This is from one of my medics – I witnessed him attempt to import EKG's. it appears the file moves over fine from the LP15 via the transfer wizard Bluetooth – once he opens the EKG tab and selects the case he wants (still wrong date and time) the screen starts flashing on and off numerous times and freezes until you do a hard reset, on his last call it took 3 attempts for the data to import correctly. Adding this to my growing list of physio issues for ImageTrend to dig them out of...According to Aaron, there should be a fix to this on two cycles 3/8/16 and 3/15/16 – email from Elliot Stein from ImageTrend.

Log of TEMSIS Elite Issues Identified During Piloting

REPORT WRITER

^R3/16 DL/State QA/QI Report is missing from Report Writer (Also WDH, HNKR, and others)

- 3/16 called ImageTrend and told “it was coming” but no date provided. Also asked for impressions and CMS level to be added to the incident list to make filtering for call type easier.

^R4/2 CFD In Report Writer – I cannot select any members to share a created report with – only the test and BEMS admin names appear

- 4/6 For users to show on the RW share list, they need to have opened RW at least once. Once they do that, they will show up on the list. They do not need to run any reports for this to happen, they just need to open RW.

[^]4/8 State In Report Writer – there are two issues with searching worksheet information

- In the columns section, search for the two letters “WS” which stand for Worksheet.
- It only shows answers in the text fields but not the Yes or No questions.

INDEX

Alcohol and Drugs Use Indicators, 15	Incident list running off screen, 8
AMA worksheet, 10, 18	Incident Number and Response Number should be the same, but aren't, 2
Barriers to Patient Evaluation and Care Values, 9	Incident number displayed on the report as the patient name, 26
Browser storage is full, 2	incident town, 24
Cancelled calls still want many cardiac arrest values, 23	Intercepts, 25
Categories on longer lists confusing, 16	Intercepts and Validity, 24
Catheter size for IV under Procedures, 17	IVR not listed as a choice for ECG rhythm, 10
Celsius, 27	Mandatory Fields, 5
CMS service level does not show on any printed report, 26	Mandatory Fields –Signs and Symptoms, 5
CMS service level does not show up on any report, 26	Manual EKG interpretation, 26
controlled substance, 25	Missing Items in Drop Down Menus, 10
Controlled Substances Tab you cannot enter mg, mcg, etc., 17	Narrow meds and procedures list visible:, 1
Crew being blank, 25	Need visibility events added for transfers, 14
Delays flagging, 25	Nitroglycerin administration route, 10
Delete procedures and meds created in power tools, 16	No BVM for O2 delivery, 10
ECG tab or timeline, 18	No Validation triggering for crew if blank, 23
EKG interpretation entries, 26	Osteoarthritis is wrongly spelled as Osteoarthritis, 10
EMD Determinate, 9	Other Service Provider, 5
Erroneous license expiration, 1	Out of state hospitals added to facility list, 2
Error message when trying to add or change columns in incident list, 8	Patient medications, 25
Errors under “More” on runform, 8	Patient race, 26
Guardian, 25	PCR Printout not showing names in header on all pages, 26
Highest Level providers and equipment:, 9	PDF cuts off the narrative after certain amount of characters, 27
How do you de-authorize a device for Field, 2	PDF printout issues, 27
Importing EKG, 28	
Incident list display error, 8	

Log of TEMSIS Elite Issues Identified During Piloting

Permission Group for our Wheel Chair Drivers, 5	Sulfa Allergy, 6
Physio EKG import, 28	Syncope is spelled "syncopy", 9
Physio EKG Import Date and time stamp, 28	Times are being flagged as out of sequence on cancelled calls, 24
Point of Care lab tests, 17	Times on assessment power tool, 16
Power tools stuff in no order, 15	Transfer Medications VS 911 Medications, 5
Procedures on the Left Menu, 15	Under IV-IO powertool, 15
Procedures showing in Airway that aren't airway procedures, 16	Validation error with Pt Refused Eval and Care, 23
Protocols Used, 15	Validation for airway complications, 23
Provider signature tab, 17	Validations changing when report opened, 23
Pt, 6	Vital signs you cannot view times for a reference, 17
Pt History Tab: missing sign/symptom, 9	Vitals Comments missing, 27
QA/QI Report, 29	Work Related, 24
Refusal of Transport, 24	Working Diagnosis, 5
Report access reasons not on yet, 5	worksheet, 29
share a created report, 29	Zofran is spelled "Zophran", 9
State, 25	Zoll EKG Import Issues, 28
State Passwords, 1	